

CMHC Welcomes New Director Michael Sernyak


Michael Sernyak, M.D., Professor of Psychiatry, Yale School of Medicine, has been appointed the new Director of the Connecticut Mental Health Center, effective July 1, with the retirement of Selby Jacobs, M.D. Dr. Sernyak was nominated by Yale University and appointed by the Commissioner of the Connecticut Department of Mental Health and Addiction Services, Thomas Kirk, Ph.D.

Dr. Sernyak was selected following a national search. He graduated

from Amherst College with a BA in Physics and Astronomy in 1983. He attended Jefferson Medical College and took his residency in Psychiatry at Yale in 1987, with an internship at Greenwich Hospital. Following completion of his residency, he served as unit chief of the Psychosis Studies Unit at CMHC for 5 years. In 1996, he joined the staff at the VA Connecticut Health Care System and in 2001 was appointed the Chief of the Psychiatry Service.

Dr. Sernyak is a nationally recognized health services researcher who




specializes in the treatment issues of the severely mentally ill. His most recent areas of focus have been the development of metabolic abnormalities, such as diabetes, and the delivery of medical care in patients with schizophrenia. 

New CMHC Addition Officially Opened

Connecticut Lieutenant Governor Michael Fedele and Yale President Richard Levin joined New Haven Mayor John DeStefano as well as State and Yale officials, met January 16th for a ribbon cutting and dedication ceremony to mark the opening of the new \$13

million wing of the Connecticut Mental Health Center.

The culmination of 10 years of planning, the addition houses the relocated Hispanic Clinic, as well as expanded neuroscience laboratory space, and several new meeting and conference rooms. It is funded with \$5 million in State funds and \$8 million from

Yale University. The building addition represents the first phase of a two-phase expansion and upgrade of the Center's facilities. The second phase, funded entirely by the University, will entail a major renovation of existing research support space. The estimated cost of this second phase is \$6 million. 



From left: State Representative Toni Walker; Yale President Richard Levin, Lt. Governor Michael Fedele; State Representative Patricia Dillon; State Senator Toni Harp; State Representative Gary A. Holder-Winfield; and Mayor John DeStefano Jr.

CMHC Symposium to Honor Commissioner Tom Kirk October 16th

During his tenure as Commissioner, Tom Kirk endorsed and supported many initiatives in the public academic partnership which are thriving today.

The symposium will highlight programs that have grown and flourished under his leadership. Presenters will include members of the Yale faculty

and DMHAS leadership. From 9 a.m. to Noon CMHC Auditorium, 34 Park St., New Haven. For more information, contact georgia.miller@yale.edu.



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Letter from the Editor



Sometimes, life seems like a continuous loop of challenges and glitches, for which we're lucky to go two steps forward, with only one step back. As true as that is for the average person, it is compounded greatly for those with serious mental illness.

This issue of CenterPages looks at some of CMHC's programs geared to Recovery.

Most involve groups: for mothers, for people who have experienced traumatic events, for young adults, for people who take Clozaril and for people struggling with addictions. Each addresses one facet of people's lives to make the step forward stay a step forward.

In putting together this issue, we met with staff who organize and lead the groups. The most striking thing to see and the hardest thing to capture was their commitment to the people they work with. As the conversations hit

their stride, people would share vignettes of strength, insight, satisfaction and even triumph: Human moments that underscore why many people have devoted their work life to CMHC.

Yet, as of this writing, the Center is rebounding from a serious challenge to its own work life. July 1, 31 of CMHC's State employees – essentially 10% of our State staff – accepted the retirement package offered by the State of Connecticut. They included a variety of positions – nurses, social workers and mental health workers, as well as administrative, clerical and building staff. No department or division went unscathed.

The retirees include Jacob Beasley, Loria Brown, Dan Campbell, Joanne Cobb, Angelika Dennstaedt, Mary Green, Steve Howe, Jane Keane, Betsy Kyle, Tom Longo, Aramita Lopez, Linda Luvera, Kathryn Mathes, Maria Merola, Martha Mitchell, Debora Mordowanec, Cathy O'Connor, Harold

Pizer, Naomi Polanetska, Audrey Powell, Barbara Reynolds, Teri Robinson, Lee Schlesinger, Mary Smith, Billy Stowe, Cindy Terasowich, Karl Traichel, Audrey Tyson, Deb Ward-O'Brien, Suzanne Wasylink, and Carole Winn. Adding to this loss is the retirement of our Director of thirteen years, Selby Jacobs.

On the State level, 311 individuals took early retirement from DMHAS. Among those were DMHAS Commissioner Thomas Kirk, and Medical Director Ken Marcus. We will miss all of them.

On a happier note, the Center looks forward to working with new Director Michael Sernyak. With his solid experience at CMHC and the VA Hospital, as well as his substantive interest in the problems faced by people with serious mental illness, he brings very real hope for our continued success.

Jane Stitelman
Editor-in-Chief

Mothers Group Brings Women Together for Support & Community



Psychiatric research has found that mothers with mental health and substance abuse issues often have concerns about parenting, but don't seek help. With that in mind, Daryn David, a Psychology intern, and Stacey Cartier, a clinical social worker, started a mothers group at CMHC to both educate mothers and create a sense of community. Nicknamed MOMS (Mothers Supporting Other Mothers), it focuses on supporting and educating mothers, while helping them foster a sense of community with each other. It is an additional support for women outside their regular clinical care at CMHC.

For the past five months, David and Cartier have met with six or seven women each week, and have been impressed with how openly they discuss the problems they face as mothers. "We have a lot of mothers who feel overwhelmed," Cartier said. "We have a full range of clients with a lot on their plate. From the beginning, the amount of self-disclosure told us that there were

a lot of unmet needs."

In the one-hour sessions, the women bring up a wide range of issues, although surprisingly, not usually their mental illness. "We're as self-directed as possible. We take the

"From the beginning, the amount of self-disclosure told us that there were a lot of unmet needs."


pulse of the group and that's what we run with," David said. "Dialogue between the Moms is pretty candid. We've been surprised at how honestly they describe their week, their day, their month."

The women talk about their financial issues, and the challenge of making ends meet on their shoe-string budget. They talk about partners and relationships. "Many of the women have told snippets of their past lives in which they've been victimized or mistreated

by men or unsupported either in their illness or both," Cartier said. The group's message is that they're not alone, that everyone struggles with relationship issues.

As with any group of mothers, the discussion naturally goes to school behavior, toilet training and difficult teenagers. But this group also talks about DCF involvement. "Some do not have custody of their children at all," Cartier said. "They convey the psychological impact of losing their children to DCF: Being told officially that they are not a successful parent."

Many of the women find themselves trapped between the mental health system and DCF, and see the group as a refuge. "We try to help them manage and navigate that daunting system," Cartier said.

With each meeting, the group reaffirms that the women are not alone in their many problems. As Cartier said, "It really is MOMS offering Mom's support". 

Twice-Weekly Group Helps People with Addiction and Serious Mental Illness Work on Change

"Most people don't stop using because they see the light but because they feel the heat," said Pam Bivens, CMHC Addictions Counselor. She should know: She and Ronnie Wilson, R.N., have been running a twice weekly substance abuse group for people with psychotic disorders for four years.

At any one time, the group has about ten to twelve members. "We have people who have achieved sobriety for five years and we have people who are still active and having a very difficult time," Bivens said. "Some members have simple goals: 'If I can get up and put on my clothes, I'm good.' While others have managed to hold jobs and maintain relationships.

"Addiction is a tough thing and we assume that people want to be clean, but that's not always the case. Worse, since addiction is very similar across the board, many become cross-addicted, to food, sex or other substances or to gambling."

As a substance abuse counselor since 1985, Bivens has seen the

thinking about treating addictions go from "Tough Love and Zero Tolerance," to the current thinking that favors harm reduction, with the hope of eventual change.

The group sessions cover a variety of issues: social life, family life, relationship issues.

"Substance abusers tend to think of themselves only through their drug addiction. We

try to help them unpeel those layers and discover who they are. We try to make them comfortable with themselves."

Wilson described their style as person-centered. "We encourage our folks to become assertive and speak up for themselves. Many don't know how. They've had trouble standing up for themselves for so long.

"We respect each person's

individuality and right to make decisions," Wilson said, "but we're not afraid to throw zingers. We'll tell someone if he looks bad or sick. If someone comes to the group with a substance 'on board,' he is told to come back when he's sober."

"The people in the group are very supportive of each other," Bivens said.

"There are both men and women in the group, but

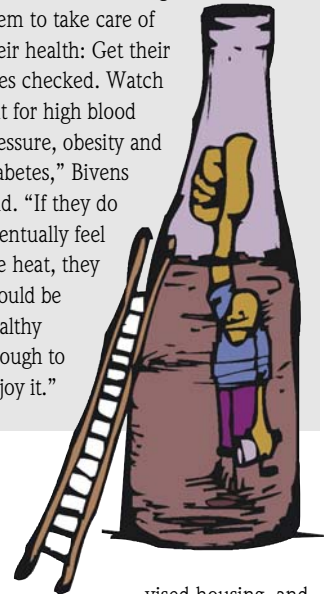
there's little sexism and no racism. The sentiment is that 'we're all addicts together.' There's no judging each other, or putting each other down. And if they think that someone's being criticized, they'll jump to his defense."

Most of group members have no contact or limited contact with family. "We try to point out the losses that they've endured because of substance abuse and ways that they can

recoup some of those losses," said Wilson. During the holidays, Bivens and Wilson encourage them to reconnect with family, even by just calling or sending a card.

"We also try to get people to structure their time," said Wilson. "When they give up substance, they need to replace it with something that's positive and healthy. They often become involved in Fellowship Place, church, AA, or some other 12-step programs. If they start to use, we offer referrals to an intensive treatment program."

"We also encourage them to take care of their health: Get their eyes checked. Watch out for high blood pressure, obesity and diabetes," Bivens said. "If they do eventually feel the heat, they should be healthy enough to enjoy it."



vised housing, and everything in between. Some are high functioning. Some are married with children. Although no one has a full-time job, some work part-time.

One is going to school for an associate's degree. Some work at staying fit, others watch TV all day. You say 'work' to some of them and you might have just sworn at them.

It's a constant effort to get them to either go to Fellowship or get a job. But some attend college, and one takes a variety of classes around the City – in photography, drumming."

Life without the worst symptoms of schizophrenia looks pretty good.

The givens of treating addiction have gone from "Tough Love & Zero Tolerance" to minimizing harm and hoping for change.

Clozaril Clinic Fills Both Medical and Social Needs

Although Clozaril (Clonipine) is one of the most effective drugs to treat schizophrenia, it can have serious side effects. The package label warns of agranulocytosis, seizures, myocarditis, and "other adverse cardiovascular and respiratory effects." The FDA requires weekly blood monitoring (white blood count and absolute neutrophil count [ANC]) for five months followed by regular testing thereafter.

At CMHC, many patients take Clozaril. Most of them meet for a weekly Clozaril Clinic run by Ronnie

Wilson, R.N. The Clinic offers both medical testing and a group social meeting, and Ronnie is responsible for both. If blood tests show that factors are too high or low, Ronnie first calls the patient. If there's no answer, or the phone's disconnected, she'll get in her car and drive around their neighborhood to find them. Then more tests are in order, and possibly, a change in medication. Several people have been taken off the drug for these reasons.

Despite the medical problems that Clozaril can bring, it has changed many people's lives, keeping them out of the hospital and controlling their symptoms, including auditory hallucinations.

As one woman put it, "I don't like this stuff, but it works."

Many of the patients are older and deal with difficult medical problems in addition to their schizophrenia.

Three have cancer. Three have had surgery.

Wilson also leads the Clinic's group. As she speaks about the group, it becomes apparent why she describes her role as part drill sergeant and part kindergarten teacher. She cares about them deeply. When they're sick, she visits them in the hospital, and worries about how others treat them. Poignantly, Ronnie adds, "A lot have never even had anybody say 'That's great. You're doing a good job.'"

The range of the group becomes apparent as she describes it. "Some want to be independent, others say 'take care of me.' Some have their own apartment, some live in super-

Despite medical issues, Clozaril can be a blessing. As one woman said, "I don't like this stuff, but it works."



Trauma Supervision Group Conveys TREM's Power & Poignancy

In the Fall of 2008, I joined one of the monthly Trauma Supervision meetings which was co-led by Leslie Hyman, LCSW, and Debra Bloom, LCSW. The group of TREM clinicians were open in talking about what TREM work has been like for them and their professional experience at CMHC. J.S.

As the supervision meeting began, people spoke about how trauma was often brushed aside when planning psychiatric care. One clinician spoke of her early clinical training 20 years ago: "We were trained that in an intake interview, ask about trauma, but don't wait for an answer. We might take the information, write it in their chart, but never follow up to address it as part of the clinical treatment." "Times are different now," said

Deb Bloom. "We have the clinical tools to help our clients deal with their trauma and its impact. TREM is a powerful tool."

"There is no diagnostic criteria for admission into a TREM group," Bloom said. "Since a person with bipolar disorder, or depression or schizophrenia may also have a serious trauma history, there is no diagnostic criteria. We don't require that people are clean and sober either, because we know that trauma and substance abuse are closely related."

Leslie Hyman said, "We encourage out-patient clinicians who know about or suspect a trauma history for their clients, to refer the person to a TREM group. Even if the person hasn't benefited from groups in the past, TREM is entirely different from most

traditional treatment groups"

"Some clients come to the group and decide it's not for them. That's okay. We'd rather they make the choice for themselves rather than leave it to their clinician." Some individuals have left and then joined another TREM group at a later date — maybe they feel more ready at that time. TREM is a respectful and em-



powering model. Several clinicians said that clients report over and over again: "I feel safe in this group," "This group is different than any other group I've been to," or "I can't talk to my primary clinician about my trauma issues but I can share them here."

CMHC TREM Groups Help Confront the Legacy of Trauma

"Although as clinicians many of us saw the prevalence of early childhood and/or adult trauma histories in our clients, treatment at CMHC had not employed anything specific to treat it," said Debra Bloom, LCSW, one of the TREM (Trauma Recovery and Empowerment Model) group co-founders at CMHC. She and Lesley Hyman, LCSW, began the groups in 2003, after a 3-day intensive training session offered by DMHAS.

The TREM initiative is a multi-faceted program to help treat trauma. It is a gender-specific, psychoeducational group treatment model that helps women and men address the issues of interpersonal trauma (physical, sexual, and psychological abuse). The groups meet weekly for approximately six months.

Importantly, TREM groups are co-led by two or three clinicians because the group work is demanding and the content is intense for

both clients and leaders. Monthly supervision not only supports staff

"To look at Trauma is eye opening: you see the person through a whole different lens. All kinds of destructive behaviors can begin to make sense when you understand a trauma perspective."

in their challenging work, it also allows time to cross train on group issues and trauma work in general. Since 2003, approximately 50

clinicians at CMHC have completed Connecticut's TREM training, which is offered annually. Many have gone on to lead one or more TREM or M-TREM (for Male) groups. Twenty TREM groups have come together at CMHC over the past 6 years.

For many years now, a dedicated group of TREM trained clinicians has evolved at CMHC and meets once a month to learn from each other and support each other in the Center's TREM group work and other trauma-informed treatment. This group cuts across all out-patient teams and disciplines, uniting a group of clinicians who have a common shared passion for delivering effective trauma-informed care. "Their energy, respect, dedication, and passion for the TREM model is impressive and inspiring," said Bloom. "CMHC is fortunate and proud to have TREM thriving today, helping many women and men recover from trauma."

"Many clients come to us still living in violent, abusive homes and relationships. TREM is one way to help them."

As Hyman said, "To look at Trauma is eye opening: you see the person through a whole different lens. All kinds of destructive behaviors can begin to make sense when you understand a trauma perspective." Many group members have spent their lives with coping skills they developed as abused children: drinking, acting out, and making poor relationship choices — many times, without realizing it. TREM helps them make the linkage between these problematic behaviors and their beginnings as legitimate coping responses to trauma.

In the group, people become aware of the traumatic roots of maladaptive behavior. An individual may have resorted to drugs, or alcohol or cutting themselves to deal with or in response to abuse, and then in response to any stress. They have grown to view themselves as "flawed, crazy, bad, worthless, to blame."



TREM Clinicians: Rena Seaman, Elaine Glidden, Aqil Hashim, Cathy Sykes, and Deb Bloom; missing from photo: Leslie Hyman, Jessica Detlefsen, and Miles Walcott.

In TREM, they learn that they are not alone in these feelings and that these feelings themselves are a result of their trauma. It is not uncommon to hear participants say, "That happened to you! That happened to me, too!"

Elaine Glidden said, "They're delving into their past, their experience, their memories, from some place that's so deep and dark inside of them – sharing with the group things they have spent their lives hiding."

Group members can participate in the focused weekly topic as little or as much as they feel safe to do. Some early TREM topics include "What it Means to be a Woman," "Physical Boundaries" and "Emotional Boundaries." Later topics include "Gaining an Understanding of Trauma," "What is Sexual Abuse" and "Abuse and Psychological and Emotional Symptoms."

Hyman said, "Do not underestimate the power of being invited to come into a room and be heard and validated." Most TREM group members have never shared their experience with anyone. "Most have spent their lives with these secrets. The groups are the first time they've been freed up to speak," she said.

Participants may also change physically. Bloom explained, "We've learned that people hold and carry their trauma physically. You can see it

in their bodies. As the weeks and months pass in the group, often people will change their posture, they're more likely to make or hold eye

"People have spent their lives with coping skills, like drinking and acting out, that they'd developed as abused children, TREM helps them see how poorly these destructive behaviors serve them now."

contact, or actually relax their bodies."

In one TREM group, one woman always wore shapeless men's clothing. As the group progressed, she said that she'd thought if she were unfeminine she could have avoided abuse, explaining, "If I'd been a boy, I wouldn't have been abused." By the end of the group, she began wearing more feminine clothing and fixing her hair. She said she felt freer to "make an 'I'm here' statement" and take care of herself. By the end of the

group, she looked comfortable being a woman.

Soon after CMHC TREM groups were established, trauma groups for male survivors, M-TREM groups, were developed. "Our M-TREM groups are now as well attended as our women's TREM groups. It's a myth in our culture that men are not willing to talk about their trauma," said Bloom.

M-TREM leader Aqil Hashim said that for men, realizing that what they'd experienced was actually trauma can be a revelation. One client said, "I was living with this all my life. I'd always thought it was part of a normal upbringing."

"If someone's having a rough time, the group pulls together and gives support," Hashim said. He told of one men's group that had been going on for some time. "One night at the close of the session, they'd started putting on their coats and getting up to leave, but one man said, 'I have something I need to share: My sister was shot last week.' In unison, everyone sat back down to comfort the man. You could see the compassion in each person's eyes."


The founders of the TREM model urge all leaders to work in pairs, or even in threes. In her clinician's guide, *Trauma Recovery and Empowerment*, author Maxine Harris tells of one group leader who had to put her head between her knees after hearing a brutal story of battering and abuse. As the CMHC TREM therapists talked about the work, they conveyed an authenticity to the stories and the feelings, perhaps the reason to

become a clinician in the first place; This isn't about keeping notes and monitoring meds, this is about people sharing some of their most painful, horrendous memories, and the change that can result.

At CMHC, the TREM leaders meet after each weekly group to debrief and process what transpired in the group and how the group leaders are doing. Jessica Detlefsen said, "Other staff will look at our ashen faces and say, 'You look like you've just come from a TREM group.'"

One client said, "I was living with this all my life. I'd always thought it was part of a normal upbringing."

The therapists described themselves as honored, horrified, yet invigorated. Miles Walcott said, "Some of the things these guys say are so genuine. It's a privilege to hear it. But when they leave, you're still holding on to their stuff." Elaine Glidden said, "It's emotionally draining, but at the end of the day, you feel like you've accomplished something."

Bloom and Hyman emphasize self-care for the clinician. "One cannot do trauma work without experiencing vicarious trauma. Self-care and care for each other is critical," Bloom said, "TREM is like a team sport. As we teach our clients the value of reaching out for support, we learn to do the same with our colleagues. Empowerment happens on many different levels." 



6th Annual Iris Golf Outing to Benefit CMHC Foundation & Marrakech Inc.

Sept. 25, Laurel View Country Club, Hamden, CT

Shotgun start 1 p.m. Scramble format. Entry: \$150 per golfer, includes greens fees, cart, driving range, gift bag, lunch, on-course

refreshments, dinner, raffle & prizes. Information: Susan Woodall, 203-974-7089 or Lindsay Oddo, 203-389-2970, ext. 1060.

With the modest goal of “Lose Weight, Have Fun, Feel Better,” A Ten-Week Fitness Initiative Hopes to Improve Lives



Many people who work at CMHC have long worried about the risks of obesity and diabetes for our clients. In 2006, a report from the National Association of State Mental Health Program Directors found that mentally ill patients who were treated in the public sector were likely to die 25 years sooner than their counterparts in the rest of society, because of such risk factors.

In discussions, CMHC medical staff focused on why obesity had become such a problem. Although antipsychotic medications were known to contribute to obesity, other causes also seemed to come into play: lack of knowledge (knowing about calories, fats, carbohydrates and exercise); lack of resources (being unable to join gyms or easily access healthy foods and nutritional information); and anxiety about beginning an exercise program with both mental and physical problems. Of note, members of the clinical staff were also unsure about how to help people lose weight or get fit.

Last year, several CMHC staff had the idea of starting a fitness program at the Center. The group included Maya Prabhu, M.D., a fourth year psychiatry resident, and several other staff, including Eric Berger, M.D., Vinod Srihari, M.D., Heather Paxton, M.D., Monica Kalaczniak, M.D., Cenk Tek, M.D., Ani Annamalai, M.D., Brian Lenoci,

PA, Ann Joy, and Sylvia Sobocinski. They asked trainers Luis Figueroa and Marlon Fitzgerald if they could develop a fitness initiative for patients. The goal was a social and motivational group to kick start patients on their own exercise program.

With a grant from the CMHC Foundation, they hired Figueroa and Fitzgerald for two hour-long sessions, twice a week, and sent out the word that the group was forming. Their motto was “Lose Weight, Have Fun, Feel Better.”

The sessions dovetailed with several other health-minded activities at CMHC. Two years ago, resident Josh Cantrowitz initiated a weekly walking group; Leslie Hyman had begun a peer led fitness program, “Be Hip, Be Fit”; and Rehab staff Sylvia Sobocinski and Ann Joy ran

groups to help diabetics manage their illness with healthy eating.

At the outset of the fitness program, 60 people signed up to participate. Brian Lenoci and Ani Annamalai administered a physical exam to all participants, which included a Body Mass Index screening (BMI).

The CMHC measures added fuel to the need for this initiative. The Ideal BMI score is between 24 and 25. A BMI above 25 is considered overweight, a BMI above 30 is considered obese. The average BMI for the CMHC clients was 40.

By the time the classes began,

there were 20 enrollees. The classes were held in the CMHC Auditorium, which was surprisingly useful for the purposes. Classes included both

structured exercises and games. The Auditorium’s slanting floors provided a vigorous track for walking, long walls for resistance training, and a stage for step-ups and lunges.

Although some trainers had been ap-


prehensive about an exercise program at a mental health facility, Figueroa and Fitzgerald quickly thrived in the work. By the end, Ann Joy described Figueroa’s work with the patients as “inspirational.”

Nonetheless, as Prabhu said, “Over ten weeks, we learned a lot about how fragile adherence to an exercise program can be. If we were bumped from the auditorium or the Center was closed, we would lose a few people the next class.”

Everyone who completed the fitness course succeeded in at least some of his or her goals. One person lost 20 pounds; another went out and officially joined a gym when the sessions ended.

The goals for many participants underscored the difficulties of obesity. One goal was to be able to raise their hands above their heads; another was to be able to get up from a chair easily, without relying on armrests. By the end of the sessions all succeeded in those goals, and further reported more flexibility and range of motion.

This coming fall, the groups will start again. Prabhu has hopes of developing groups with specific common interests – groups for young people, for women and for Spanish-speaking individuals.

More people can “Lose weight, have fun and feel better.” 

A BMI above 25 is overweight, a BMI above 30 is obese.

The average BMI for the CMHC clients was 40.

A Note of Thanks

Dear Drs, Grant Proposers and Funding Agency,

I have been a patient for a long time. Until I started taking psych meds, I weighed 105 lbs - now I am over 100 lbs more and I have (clozeril induced) diabetes type II.

But, I'm way too old to bellyache about the past, it's far more important to have fun in the present which is why I'm writing to you.

When you're old and fat the last words you want to hear are "diet" and "exercise" - unless you're in our new "wellness" programme.

I'm amazed, as are my friends - my fellow patients who've joined the group - at the results. We may be fat, but we've moved far beyond anyone's expectations, more than any of us ever dreamed. R. jokes about being in a marathon, D. is going to be a Rockette.

PLEASE make this programme permanent, not just a ten-weeker. AND come and watch us! Admission is free - and standing ovations are acceptable.

Thank you,
Sincerely,
J



Young Adult Services Clients Explore Their Artistic Side at West Haven Mental Health Clinic

On the wall of Frosty O'Keefe's office is a quilt-like artwork, called "Hopes and Dreams"

It was created by eight young artists, who each planned and sketched eight squares and then "re-entered" them onto canvas. Individually, each square is different - each with a different style and level of skill: some meticulous and professional, others slap-dash and child-like. What may look like an interesting quilt to the casual observer conveys much more to O'Keefe. She knows who had a hard time assimilating into our culture (two flags), who wanted to be a minister (the Bible), and which one had trouble sitting long enough to craft his section. Nonetheless, on the canvas together, they form a cohesive and wonderful whole.

The work is the creation of an ongoing art group that O'Keefe, a social worker, started for young adults, aged 18 to 21, at the West Haven Mental Health Clinic. The group began four years ago, when O'Keefe took an art class, and thought it would be fun to start a class for the clinic's young adult clients. "We have a core group of about five to eight kids, with more coming in if the activity appeals to them," said O'Keefe. "We offer a course schedule in January and June which outlines the art activity for the specific group on a weekly basis. We try to vary the

activities in order to spark everyone's interests. We offer lessons in jewelry making and water color painting, as well as visits to local museums and libraries to view exhibits.

O'Keefe is a team leader for New Haven's Young Adult Services (YAS) program. A DMHAS initiative, it provides specialized, age and developmentally appropriate supports for young people, many of whom are transitioning out of the DCF system of care, and are diagnosed with a major mental illness. In our area, the program is headquartered at WHMHC.

"The Young Adult program in West Haven has a lot of flexibility and creativity as far as service delivery. We can go out into the community and meet people where they are, engage them, and understand the whole person in his or her environment," O'Keefe said, "At the Clinic itself, we can sit at a table in the art room and share a project and a cup of coffee. It's a nice way to work with the population. The Art Group is a safe place to relax and focus on a project or socialize. The atmosphere is non-judgmental, and embodies the environment of support Young Adult Services strives to create.

All the art group members share difficult histories. Some had severe trauma, some had issues of substance abuse and severe mental illness. Many of the young adults have experienced

multiple hospitalizations, and have struggled with major mental illness and histories of childhood abuse and neglect. Several of the young people have legal histories.

The members of the art group share difficult histories, but have developed in remarkable ways. One boy who had been too anxious to leave his home has now completed high school and is attending college classes.

Although some of the young adults have supportive families, most come from homes and residential settings that were challenging. Their families struggled with issues of poverty, urban violence, lack of education, substance abuse and mental health.


Referrals for the program come from several sources, the Department of Children and Families, the DMHAS Office of the Commissioner, local

high schools and hospitals, families and self referrals.

In recent months, the groups' members have developed in remarkable ways. Many are now employed or enrolled at Gateway; a few have graduated with an Associate's Degree. One young man was so anxious he could not leave his home and was unable to complete high school. He has since completed high school and is now attending classes at the local community college. With the assistance of their vocational counselor, several have recently located employment. "They have come to believe in themselves, and their hopes and dreams," O'Keefe said.

The group meets on Wednesday afternoons at the West Haven Clinic from 3:30 p.m. until 5:00 p.m. The Clinic offers transportation, but because of the recent budget cuts, they now encourage participants to take the bus.

The Art Group will continue, but O'Keefe and her colleagues agree that the next generation coming for services will have an even harder time. Shelters are now reporting a much younger population who are homeless, as well as a significant proportion who are addicted to drugs.

Nonetheless, a time to stop and draw their hopes and dreams may not be sufficient to turn their lives around, but it certainly can be a start. 

CMHC's Art Group Enriches Lives in Many Ways

In the eighteenth century, artists formed art societies to cultivate and improve their art. Today, those artists would be at home in CMHC's weekly Art Group.

Led by art therapist Jessica Detlefsen, the group meets each week for an hour and a half on CMHC's second floor. The first hour is devoted to an artistic project based on a simple directive; the final half-hour is devoted to discussion of each work, a time when the artist can explain the work, and other members can give their reaction. "It's an encouraging setting, where people reveal and discuss very personal things that making art can bring up," Detlefsen said.

"Before joining the group, many had been unaware of how significant art can be. Now, this is how they express themselves and their illness:

how they cope with their symptoms," Detlefsen said. Although no one in the group is a trained artist, some have studied art history and all welcome the opportunity for expression the group provides.

"Some of the work is very concrete, some very abstract, but they are always interesting and valid. The group discussions are powerful and enlightening. The artist explains his or her work, and then the others bring another dimension to what they see in the piece. Some comments are very concrete – I like the way you put those colors together; while others are remarkably personal and insightful."

Detlefsen began the group a year ago, and continues to be surprised at the members' dedication and enthusiasm for the group, not to mention their strong friendship with each

other. Members meet in the CMHC cafeteria for coffee before the group begins, and scramble to reschedule if the group has to cancel due to weather or vacations. They also meet outside the group to attend art openings, galleries, and other activities.

Detlefsen finds this camaraderie particularly remarkable. "Mental illness in their lives has put them in a particular, even isolated position. They all struggle with socializing outside, and most tended to spend time by themselves. The group has brought people to their lives who are completely supportive. For some of them, it's the first time they've ever known that."

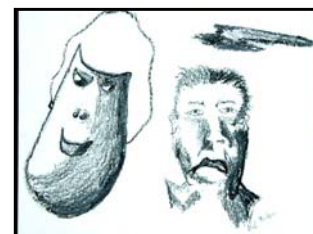
The group plans an Art Show in the coming months. Detlefsen also welcomes donated art supplies of any kind to further the group's endeavors.



Oil By Robert Forlano



Pen and Ink By Scott Stambler



Charcoal By Robert Forlano

CMHC Consumer Booklet is Person-Centered, Recovery Oriented and Dazzling.

32-Page *Journey to Wellness* Brings Clarity, Hopeful Stories and Good Questions

Last year, Avon Johnson, LCSW, Associate Director of Clinical Operations; Robyn Sommer, Director, Rehabilitation Services; David Stayner, Ph.D., Senior Consultant at the Yale Program for Recovery and Community Health; and Tanya Hall, the projects' lead peer coordinator, took on the

daunting project of explaining CMHC to incoming clients.

The soon-to-be published 32-page guide, *Journey to Wellness* is remarkable in both spirit and content. Every page is interesting and exciting. A combined effort of CMHC clients, staff members and peer counselors, the book is not just dry information about services at CMHC, it also includes first-person stories of hope and recovery from people who have experienced mental illness, as well as comprehensive descriptions of the many facets of care at the Center.

The project is funded by a Department of Mental Health and Addiction Services Mental Health Transformation State Incentive Grant.

People in recovery played a pivotal role in every aspect of this project. A Consumer Project Coordinator was hired to spearhead the project in partnership with CMHC staff members. Three consumers, peers Beth Stannard, Bill Parisi, and Paul De la Reza, were trained

as co-leaders of focus groups, and mentored as they gained confidence in this role. Client-based focus groups elicited ideas on what information would be most useful to people coming to CMHC. Throughout the project, committee members Ann Joy and Jessica Detlefsen contributed their time and energy.

Designed by designer Laura Larson, the book features client art-work and photographs of CMHC services and staff. Its wide-ranging content includes sections on debunking common myths about mental illness and addictions; a section on the roles of people who work at CMHC, including public safety officers,

peer support counselors and psychiatrists; and a section on the Community Services Network, with a comprehensive overview of each of its agencies.

The book includes a list of questions to ask when you meet your clinician, and another set of questions for your psychiatrist. It also includes an in-depth look at what it means to

collaborate on your treatment plan and recovery, as well as how to prevent a crisis.

The organizers acknowledge everyone who worked on this project, from members of the Yale Program for Recovery and Community Health (PRCH) to the Outpatient Handbook Committee.

All deserve enormous thanks for a beautiful completion of an incredibly ambitious project.

